FILED JUN 20 1940

7. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18016

State File No.

Registration District No. 96 Primary Registration District No. 4058 Registrar's No. 18

3
40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Hamilton (b) County Caldwell

(c) City or town Hamilton 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Walter A. Hopson 125

3. (b) If veteran, name war

3. (c) Social Security No. 487-12-5533

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Hopson

6. (c) Age of ~~husband~~ or wife if alive 57 years

7. Birth date of deceased Feb 26, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	2	27	hr. min.

9. Birthplace Caldwell Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Grocer and Butcher

11. Industry or business

MOTHER FATHER

12. Name George Hopson

13. Birthplace Sherbin, New York / (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Julia A. Shaw

15. Birthplace Sherbin, New York / (City, town, or county) (State or foreign country)

16. (a) Informant Laura Hopson

(b) Address Hamilton, Mo.

17. (a) Hamilton, Mo. (Burial, cremation, or removal) (b) Date thereof May 26, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetry

18. (a) Signature of funeral director Bram & Sons By R J Bram

(b) Address Hamilton, Mo.

19. (a) May 26 1940 (Date received local registrar) (b) Merle Brown (Registrar's signature) 100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1940 hour one minute 55 A. M.

21. I hereby certify that I attended the deceased from May 19, 1940 to May 23, 1940; that I last saw him alive on May 23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Coronary Thrombosis	6 days
Due to	
Other conditions (Include pregnancy within 3 months of death) NHB	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Herbert R. Bond (M. D. or other) MD

Address Hamilton Date signed May 24/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 640 - 937
Date Filed JUN 14 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.